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DCN: 7950000134819516 Process Date: 06/14/2018

Page: 1 of 3 PUBLIC, JOHN Q.

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TEST ORGANIZATION

PUBLIC, JOHN Q.

TEST ORGANIZATION

CORRECTION TO MEDICAL MALPRACTICE PAYMENT REPORT

Initial Action

Basis for Initial Action

Date of Action: 02/02/2013

- SETTLEMENT

- DELAY IN TREATMENT

A. REPORTING ENTITY

Entity Name: TEST ORGANIZATION
Address: 333 TESTING ST

City, State, Zip: WASHINGTON, DC 20000

Country:

Name or Office: JOHN DOE

Title or Department: TECHNICIAN

Telephone: (333) 444-5555

Entity Internal Report Reference: ABC000123

Type of Report: CORRECTION

Previous Report Number: 7950000134819502 (Please destroy all copies of the

previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL) Subject Name: PUBLIC, JOHN Q.

Other Name(s) Used:

Gender: MALE
Date of Birth: 02/02/1950

Organization Name: TEST ORGANIZATION

Work Address: 333 TESTING ST

City, State, ZIP: WASHINGTON, DC 20000

Home Address: 100 HOME STREET

City, State, ZIP: CITY, VA 12345

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-9999

National Provider Identifiers (NPI): 1234567893

Professional School(s) & Year(s) of Graduation: PROFESSIONAL SCHOOL (1980)

Occupation/Field of Licensure (Code): CHIROPRACTOR State License Number, State of Licensure: NO LICENSE, AL Drug Enforcement

Administration (DEA) Numbers:

Hospital Affiliation(s): GENERAL HOSPITAL

SPRINGFIELD.VA

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Date of Report: 06/14/2018

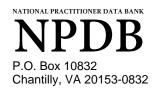
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1,453.32 Date of This Payment: 02/02/2013



https://www.npdb.hrsa.gov

DCN: 7950000134819516 Process Date: 06/14/2018

Page: 2 of 3 PUBLIC, JOHN Q.

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This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$1,453.32 Payment Result of: SETTLEMENT Date of Judgment or Settlement, if Any: 02/05/2013

Adjudicative Body Case Number: Adjudicative

Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: DESCRIPTION OF THE SETTLEMENT

Total Number of Claimants Included in The Settlement: 2

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS

CASE Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 1,453.32 Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment f

or This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: UNKNOWN

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance Company/Companies

Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: UNKNOWN Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or

Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Primary Claimant's Age at Time of Initial Event: UNKNOWN

Primary Claimant's Gender: MALE

Primary Claimant's Type: OUTPATIENT Description of the Medical Condition With Which the

Primary Claimant Presented for Treatment: DESCRIPTION OF THE CONDITION Description of the Procedure Performed: DESCRIPTION OF THE PROCEDURE

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: DELAY IN TREATMENT (202)

Date of Event Associated With Allegation or Incident: 02/02/2012

* Outcome: EMOTIONAL INJURY ONLY (01)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: DESCRIPTION OF THE INJURY

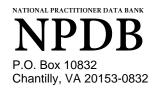
D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Queriers, please note:

The practitioner/subject entered the statement shown below in response to an earlier version of this report. The reporting entity changed the report after the practitioner/subject prepared the statement. As of the date this query response was processed, the practitioner/subject has not changed the statement in response to the changes in the report.

Date Submitted: 06/14/2018 I DISPUTE THIS REPORT



https://www.npdb.hrsa.gov

DCN: 7950000134819516 Process Date: 06/14/2018

Page: 3 of 3 PUBLIC, JOHN Q. For authorized use by: TEST ORGANIZATION

E. REPORT STATUS	Unless a box below is checked, the st	ubject of this report identified in Section B has not contested this report.			
	This report has been disputed by the subject identified in Section B. At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached. X At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision. At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below: Queriers, please note: The Secretary of the Department of Health and Human Services reviewed an earlier version of this report and entered the statement shown below. After the Dispute Resolution decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.				
			Date Submitted: THIS DISPUTE HAS BEEN DENIE	06/14/2018 ED	
				Date of Original Submission:	06/14/2018
				Date of Most Recent Change:	06/14/2018
			This report is maintained	under the provisions of: Title IV	
	The information contained of Public Law 99-660, as an disclosed. Disclosure or use	in this report is maintained by the N mended, and 45 CFR Part 60. All inf	ational Practitioner Data Bank for restricted use under the provisions of Title IV formation is confidential and may be used only for the purpose for which it was er purposes is a violation of federal law. For additional information or		

END OF REPORT -